Questions and Answers from ePAS WebEx Sessions

May 1, 2015 (Sessions I and II)

1. *Question:* Could Mickey still walk through the system live for those of us that are online with the WebEx please?
   Response: The May 15th WebEx will include a demonstration of the system.

2. *Question:* Are we to use the "new" electronic 95, 96, and 97 forms? Also, what about the DMAS 20 form? The clients must sign the 97 and 20 forms.
   Response: Yes. All of the data elements on the paper forms have been duplicated on the electronic forms. Note that the DMAS 20 is a form designed to document consent to exchange information and it may be used or any other consent form adopted by the locality may be used.

3. *Question:* Will the test system be available to workers prior to go live?
   Response: The system went "live" on May 1, 2015 and data entered and submitted in ePAS will be entered into the Virginia MMIS system. Please note that there is an "On-line Tutorial" available on line on the DMAS provider portal for use as a training tool; see link below:
   https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/PreAdmission

4. *Question:* How is the system going to respond, if the client does not have a Medicaid ID at the time of screening, or exact dates are unknown?
   Response: ePAS accepts either the Medicaid ID number or the individual's social security number. When the exact date is unknown, and prompting of the individual is not helpful in determining an exact date, the team member enters the most accurate date possible based on the individual's responses (e.g. "it was in early Spring about 2 years ago" = 04/01/2013. Then the team notes in the comments or summary section of the UAI that "the 4/1/2013 date is an estimate" if the team can't determine later the exact date from another source (e.g. hospital records, medical office staff) before the PAS is submitted.

5. *Question:* For the DMAS 95 supplemental form, that form is filled out by Ascend when we request a Level II assessment for mental health issues. Does Ascend have access to the portal to fill in this form, or are we expected to key it in for them?
   Response: No, the DBHDS contractor, Ascend, does not have access to the portal; the screening entity must enter the data into ePAS and retain a copy of the paper copy in the individual's record. Please note that the screening entity may, if there is secure e-mail available between the screening entity and Ascend, consider the download forms

option. The downloaded form may be completed by Ascend and e-mailed to the screening entity who could them upload the DMAS 95 MI/MR/ID/RC (revised12/08) supplemental form into ePAS.

6. *Question:* Will there be an option to e-transfer the approved UAI/95/96 to the provider to prevent printing?
Response: No, not at this time.

7. *Question:* Will we ever have the ability to search the data base for screenings done outside of our organization?
Response: No, not at this time.

8. *Question:* If A has not been completed in its entirety will B be able to be completed?
Response: No, Part A of the UAI must be completed in its entirety before moving to Part B.

9. *Question:* Are we doing away with the paper form? Are we expected to have our laptop while we are assessing the individuals in their homes? Not all of the screening team members have office laptops.
Response: Yes. For the purposes of claims processing we are doing away with the paper form. Each community team will need to determine the best operational practices provided the resources available to that team.

10. *Question:* At every visit to an individual's house, we are required to obtain the signature of the individual or their representative on the DMAS 97 form. I understand that this is now an electronic signature, but I am concerned that there is no way to verify that it was indeed the individual who entered their signature. When a PHN or MD signs electronically, we are verified users who had to use passwords to access the document. But what will happen if an individual claims they never signed the DMAS 97? There will be no way to prove who actually typed their name in that field.
Response: Please refer to page 101 of the User's Guide;
DMAS97 – Individual Choice – Institutional Care or Waiver Services Form
Note: In addition to the electronic confirmation described above, a paper copy of the DMAS 97 – Individual Choice – Institutional Care or Waiver Services form with the individual's signature must be retained in the individual's record by the screening entity.

For VDH screeners: VDH is requiring its staff to physically sign the VDH PAS Signature Sheet as an additional professional safeguard in addition to the Attestation functionality of ePAS. VDH also requests that LDSS personnel sign the sheet as well.

It is VDH's responsibility to bring the sheet to the home visit and to store the signed sheet with the PAS paper hard copy.

11. *Question:* For DMAS-96- Can Nurse Practitioner sign or does it require a physician signature? (Reference slide "Implementation of ePAS. LCHP - licensed health care professional)
    Response: For community screening teams, the physician will continue to sign the DMAS 96 using the attestation portion of the form. DMAS, VDH and DARS are now developing regulations that will define "licensed health care professional" for purposes of pre-admission screenings. VDH will provide additional guidance in the interim.

12. *Question:* The 96 and 97 forms require signatures from the SW/FSS, Nurse, Director and individual being screened. How are we to get these signed forms into ePAS?
    Response: Regarding the DMAS 96, please refer to pages 98 and 99 for DMAS 97 page 101 of the User's Guide at the link:
    https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/PreAdmission

13. *Question:* Will localities need to purchase an e-signature device for the field?
    Response: No.

14. *Question:* How does this change the billing process to receive payments?
    Response: Billing and claims processing will be streamlined. Once the pre-admission screening process is complete and all of the required forms have been "successfully processed," a claim will be generated by ePAS. VDH personnel should continue to create and close the Encounter in WebVision.

15. *Question:* Can both screening team members put in the information in the portal or we have to choose one individual to put it in?
    Response: Each member of the team may enter data into the portal; however, not at the same time. Please review pages 32 and 33 of the User's Guide regarding "off line" and "on line" forms. (See link below.) Each community team will need to determine the best operational practices to support collaboration and efficiency with forms completion.

16. *Question:* I realize that there does not seem to be a way to merge two offline screenings, but can the second person use a cut-and-paste option to input their data into the online version from their offline version?
    Response: Text boxes within off line fillable form can be used to cut/paste to associated boxes within the online portal ePAS application. Ideally the fillable form should be uploaded using the ePAS application upload feature.

17. *Question:* Is a physician still required to be part of this process?
    Response: The Virginia Department of Health has made no change in the existing process.

18. *Question:* When will DARS change policy from 45 to 30 day processing?
    Response: On May 7, 2015, DARS posted revisions to Chapter 1, 3, and 4 of the APS Manual. A service application shall be processed in 30 days or less if the individual is requesting PAS. Please review the manual and transmittal that have been posted on SPARK at ***http://spark.dss.virginia.gov/divisions/dfs/as/manual.cgi***

19. *Question:* Can and how would someone attach additional forms (such as letters from doctor, etc.)?
    Response: The additional documentation is to be retained in the individual's hard copy record.

20. *Question:* How do we handle consent to exchange information between DSS, LHD, and DMAS?
    Response: There is no change in the existing process. PAS teams should continue existing operational practices defined by the local screening agencies.

21. *Question:* We did not see DMAS300 listed on the forms -- are there plans to create this form online?
    Response: No.

22. *Question:* Is there a naming convention when we use the up loadable form or is that handled internally despite any file name that is uploaded.
    Response: Any naming convention may be used but must have an '.xls' extension; each upload to ePAS that is saved creates a unique Assessment Reference Number. VDH is recommending that the Excel Form for each home visit use the following naming convention: First two initials of the individual's name and the date of the home visit. Example: The pre-admission screening for John Smith with a home visit date of 05/06/15 would be named JS 05.06.15.

23. *Question:* Can auto save for timeout be added as a feature?
    Response: No, not at this time.

24. *Question:* When we go to AFL we are given the med sheet. Is there a way to upload this or do we have to type in all the medications even if we are given a copy of the MARS?

Response: There is no upload option; you will continue to key in the data as appropriate

25. *Question:* Also, how do we send the UAI to the agency or providers that will be responsible for providing services? Will we still need to print it out to mail it to the provider?
Response: The PAS team will continue to send paper copies of forms to the appropriate service provider.

26. *Question:* Will the downloadable excel form work with Excel 2007?
Response: Yes

27. *Question:* Describe the difference between screen date, assessment date & initial request date.
Response: Interim definitions:
<u>Initial request date</u> – This is the date that the individual, or someone acting on the individual's behalf, makes contact by phone or in person with the local department of social services or local health district to request assistance to secure long-term services and supports.
<u>Screen date</u> – This is the date that part or all of the UAI, Part A is completed; data collected may be by telephone when the screening entity obtains sufficient information to schedule a complete assessment.
<u>Assessment date</u> – This is the date that Part B of the UAI is completed.

28. *Question:* Will the UAI upload/import to ASAPS?
Response: No

29. *Question:* How is it documented/reported if an individual cancels their UAI assessment screening date/time? We are running into issues where someone isn't home/needs to reschedule, if this happens, we run the risk of them going over 30 days when it is not in our control.
Response: The PAS team should document change of appointment date/cancelations in the individual's case record (i.e. ASAPS). Additional information regarding this issue will be addressed in a forthcoming PAS technical assistance document.

30. *Question:* Are area Home Health Agencies able to access e-PAS?
Response: No.

31. *Question:* Will local hospitals have access to e-PAS?
Response: Yes.

32. *Question:* The API number that the PAS team has been assigned, does that number need to be on any of the paperwork that we complete or does this automatically get assigned when we log in?
    Response: The API number is associated with the user ID; no additional data entry is required for this process.

33. *Question:* When searching for a previously completed screening, will it retrieve only those that our local PAS has completed?
    Response: Yes.

34. *Question:* Can we access view of a UAI/screening completed by another PHN or another facility/hospital?
    Response: No, not at this time.